٠			_)_	lact	Ava	labla	-	ml			0	076	
	Best Available Cop Vapplication or Docket Number												
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TC	TAL CLAIMS		8				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FLED		MUMBER EXTRA		8	BASIC FEE '370.00		OЯ	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		. 6			X\$9=		OR	X318=		
INDEPENDENT CLAIMS			A minus 3 •		d			X42=		OR	X84=		
×	LTIPLE DEPON	DENT CLAIM PI	RESENT				+1400			OR	+280=		
* If the difference in column 1 is less than zero, enter *0" in column 2							Ļ	TOTAL		ОЯ	TOTAL	740	
CLAIMS AS AMENDED - PART II											OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
4		REMAINING		HIGH	EST BER	PRESENT	1 6		ADDI-			ADDI-	
AMENDMENT		AFTER AMENDMENT	PREVI		,		PATE		TONAL FEE		RATE	TIONAL	
	Total	.20	Minus	- ;	70	•	П	x5 9=/		OR	K\$18=		
	Independent	• 3.	Minus	****	3	•	IΓ	X42=		OR	X24=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=.	1	OR	+260-		
							-L	TOTAL		5/0F	YOTAL		
6-24-05 (Column 1) (Column 2) (Column 3)								XXIT. FEE		JON.	ADOC FEE		
۲	0003	(Column 1)			EST .	COOLONDE	1	_	ADDI-	1		ADDI-	
AMENDMENT B		REMADENG AFTER AMENOMENT		PREV	BER OUSLY FOR	PRESENT EXTRA	JL	RATE	TIONAL		RATE	TIONAL FEE	
	Total	. 6	Minus	-	20		١L	X\$ 9=		OR	X\$18=		
	Independent	• /	Mirea	DEATE A	3	-	П	X42•		OЯ	X84=		
	FIRST PHESE	NTATION OF MI	Aliente De	PENDEN	COM		, [	+140=		OR	+280=		
								TOTAL DIT FEE		OR	YOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		PREVE	RESY BER OUSLY FOR	PRESENT EXTRA	lΓ	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Total		Minus			•		X8 8=		OR	X\$18=		
	Independent	•	Minus			•	11	X42=	·		X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J  -			OR			
+140  - If the eating in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=		
* If the entry is column 1 is fecs than the entry in column 2, write "O" in column 3.   * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT, FEE		
	n the Trighest No. The Trighest Hun	mber Previously Pa ther Previously Pa	no For (Total	or Independ	sa nesa ara lens) is sha	na, eren 3.	er found	in the app	propriete ba	in ed	kas 1.		
	_												

FORM PTO-675 (Flex 801)

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